

## RHS DAILY SERVICES

*(As approved by CMS in CIHW 1<sup>st</sup> Amendment - effective July 1, 2015 with Documentation Standards as released by Cathy Robinson on September 11, 2015 as a DDRS Update)*

### Residential Habilitation and Support - Daily (RHS Daily)

*(As approved by CMS in the CIHW 1<sup>st</sup> Amendment – effective July 1, 2015)*

#### Service Definition

Residential Habilitation and Support – Daily (RHS Daily) services provide up to a full day (24-hour basis) of services and supports which are designed to ensure the health, safety and welfare of the participant. RHS Daily services assist with the acquisition, improvement, and retention of skills necessary to support individuals to live successfully in their own homes; acquire and enhance natural supports; and become integrated and participate in their larger community. Services are designed to help individuals acquire and improve their self-help, socialization, and adaptive skills. Services should be directed toward increasing and maintaining natural supports, physical, intellectual, emotional, social functioning and full community participation.

#### INDIVIDUALS ELIGIBLE FOR RHS DAILY SERVICES

Individuals who choose Residential Habilitation and Support (RHS) and meet all of the following criteria are eligible for and will utilize RHS Daily Services:

- Individuals who have an ALGO score of 3, 4, or 5 on their Objective Based Allocation (OBA).
- Individuals who are living with housemates and are utilizing a shared staffing model.
- Individuals who are living outside of their family home.

#### ALGO LEVEL DESCRIPTORS/ICAP/OBA

The following descriptors appear in 460 IAC 13-5-1 Algo levels

Level: 0 (low)

Descriptor: Algo level zero (0):

- (A) high level of independence with few supports needed;
- (B) no significant behavioral issues; and
- (C) requires minimal residential habilitation services.

Level: 1(Basic)

Descriptor: Algo level one (1):

- (A) moderately high level of independence with few supports needed;
- (B) behavioral needs, if any, can be met with medication or informal direction by caregivers through the Medicaid state plan services; and
- (C) likely a need for day programming and light residential habilitation services to assist with certain tasks, but the individual can be unsupervised for much of the day and night.

Level: 2 (Regular)

Descriptor: Algo level two (2):

- (A) moderate level of independence with frequent supports needed;
- (B) behavioral needs, if any, can be met with medication or light therapy, or both, every one (1) to two

- (2) weeks;
- (C) does not require twenty-four (24) hours a day supervision; and
- (D) generally able to sleep unsupervised, but needs structure and routine throughout the day.

Level: 3 (Moderate)

Descriptor: Algo level three (3):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs;
- (B) twenty-four (24) hours a day, seven (7) days a week staff availability;
- (C) behavioral and medical supports are not generally intense; and
- (D) behavioral and medical supports can be provided in a shared staff setting.

Level: 4 (High)

Descriptor: Algo level four (4):

- (A) requires access to full-time supervision for medical or behavioral, or both, needs:
  - (i) twenty-four (24) hours a day, seven (7) days a week frequent staff interaction; and
  - (ii) requires line of sight support; and
- (B) has moderately intense needs that can generally be provided in a shared staff setting.

Level: 5 (Intensive)

Descriptor: Algo level five (5):

- (A) requires access to full-time supervision with twenty-four (24) hours a day, seven (7) days a week absolute line of sight support;
- (B) needs are intense;
- (C) needs require the full attention of a caregiver with a one-to-one staff to individual ratio; and
- (D) typically only needed by those with intense behavioral needs, not medical needs alone.

Level: 6 (High Intensive)

Descriptor: Algo level six (6):

- (A) requires access to full-time supervision:
  - (i) twenty-four (24) hours a day, seven (7) days a week; and
  - (ii) more than a one-to-one staff to individual ratio;
- (B) needs are exceptional;
- (C) needs require more than one (1) caregiver exclusively devoted to the individual for at least part of each day; and
- (D) imminent risk of individual harming self or others, or both, without vigilant supervision.

The nationally recognized Inventory for Client and Agency Planning or ICAP was selected to be the primary tool for individual assessment.

The ICAP assessment determines an individual's level of functioning for broad independence and general maladaptive factors. The

ICAP addendum, commonly referred to as the behavior and health factors, determines an individual's level of functioning on behavior and health factors.

These two assessments determine an individual's overall Algo level, which can range from 0-6. Algos 0 and 6 are considered outliers representing those who are the lowest and the highest on both ends of the functioning spectrum. On review, the State may manually adjust the designation of an individual

from an Algo 5 to an Algo 6. Although this individual continues receiving the Algo 5 budget, the Algo 6 designation indicates a need for additional oversight of the individual.

The stakeholder group designed a grid to build the allocations. The grid was developed with the following tenets playing key roles:

- Focus on daytime programming
- Employment
- Community integration
- Housemates

The OBA is then determined by combining the overall Algo (determined by the ICAP and ICAP addendum), age, employment, and living arrangement.

#### REIMBURSABLE ACTIVITIES

- Assistance with acquiring, enhancing and building natural supports. For example, a measureable outcome would be increased hours of natural supports and a decrease in the number of hours needed for paid staff. Another measurable outcome would be the number of activities an individual participates in with non-paid (natural support) supports versus paid staff.
- Working with the participant to meet the goals they have set for themselves on their Individualized Support Plan (ISP).
- Training the participant to enhance their home-making skills; meal preparation; household chores; money management; shopping; communication skills; social skills and positive behavior.
- Provision of transportation to fully participate in social and recreational activities in the community. For example, transportation to church, the park, the library, the YMCA, classes.
- Provision of transportation to community employment and/or volunteer activities.
- Coordination and facilitation of medical and wellness services to meet the healthcare and wellness needs, including physician consults, medications, implementation of risk plans, dining plans and wellness plans. Maintenance of each participant's health record.
- The individual must be present and receive RHS Daily services for at least a portion of any day the provider bills as a day of RHS Daily service.
- Electronic Monitoring

**Service Standards** (← AS ORIGINALLY DRAFTED) – (Note that Service Standards are not included in the waiver application, but will be added to the DDRS HCBS Waiver Provider Manual and the DDRS Waiver Manual when updated)

- Services must address needs identified in the person centered planning process and be outlined in the Individualized Support Plan (ISP).
- RHS Daily should complement but not duplicate habilitation services provided in other settings.

**Documentation Standards** (Note that Documentation Standards are not included in the waiver application, but these were released via a DDRS Update from Cathy Robinson on 09.11.2015 and will be added to the DDRS HCBS Waiver Provider Manual and the DDRS Waiver Manual when updated)

Documentation Standards A minimum of one daily note for each day the individual is present and receiving RHS Daily services, with appropriate elements, documenting one or more distinct actions or behaviors as outlined in 'Reimbursable Activities' per individual served is required to support the billing of RHS Daily Services. The RHS Daily Service provider must be able to demonstrate through relevant time keeping records or other similar documentation which staff members were working during the RHS Daily Service provided upon audit, or upon request by the State of Indiana or its contracted agents.

RHS Daily Documentation must include:

Documentation of Services rendered as outlined in the Individualized Support Plan

Data record of service delivered documenting the complete date and time entry (including a.m. or p.m.). If the person providing the service is required to be professionally licensed, the title of that individual must also be included. For example, if a nurse provides RHS Daily services, the nurse's title should be included.

Any significant issues involving the participant requiring intervention by a Health Care Professional, Case Manager or BDDS staff member are also to be documented.

Documentation must be in compliance with 460IAC 6.

Quarterly summaries as specified by BDDS and monthly, quarterly and/or annual outcome data as specified by BDDS.

### **Limitations**

The individual must be present and receive RHS Daily services for at least a portion of any day the provider bills as a day of RHS Daily service.

Reimbursable waiver funded services furnished to an adult waiver participant by any combination of relative(s)\* and/or legal guardian(s) may not exceed a total of 40 hours per week. (See Activities Not Allowed for definition of relative)

Additionally,

- Individuals receiving RHS Daily Services cannot receive more than 10 hours per month of Community Habilitation Individual (CHIO) services from their RHS Daily provider.
- Providers will not be reimbursed separately for Electronic Monitoring Services for individuals receiving RHS Daily Services. Electronic Monitoring is built into the daily rate of RHS Daily services. Providers must adhere to all Electronic Monitoring Service Standards as defined within the Electronic Monitoring Service Definition. (Service Standards are found in the DDRS Waiver Manual)
- Providers may not bill for RHS Daily reimbursement for time when staff/paid caregiver is asleep. Only awake, engaged staff can be counted in reimbursement.
- Providers may not bill for RHS Daily reimbursement during the time when a participant is admitted to a hospital. (The care and support of a participant who is admitted to a hospital is a non-billable RHS Daily activity.)
  - o RHS Daily Services can be billed the day of a hospital admission and the day of discharge from a hospital if services are provided on these days; however, RHS Daily cannot be billed for other days the individual is hospitalized, even if the RHS Daily provider provided services in the hospital setting such as "sitter" services.

### **Activities Not Allowed**

Reimbursement is not available through RHS Daily in the following circumstances:

- Services furnished to a minor by the parent(s), step-parent(s), or legal guardian
- Services furnished to a participant by the participant's spouse
- Services to individuals in Structured Family Caregiving services
- Services that are available under the Medicaid State Plan
- Reimbursable waiver funded services furnished to an adult waiver participant by any combination of relative(s)\*\*\* and/or legal guardian(s) may not exceed a total of 40 hours per week.

\*\*\* Related/relative implies any of the following natural, adoptive and/or step relationships, whether by blood or by marriage, inclusive of half and/or in-law status:

- 1) Aunt (natural, step, adopted)
- 2) Brother (natural, step, half, adopted, in-law)
- 3) Child (natural, step, adopted)
- 4) First cousin (natural, step, adopted)
- 5) Grandchild (natural, step, adopted)
- 6) Grandparent (natural, step, adopted)
- 7) Niece (natural, step, adopted)

- 8) Nephew (natural, step, adopted)
- 9) Parent (natural, step, adopted, in-law)
- 10) Sister (natural, step, half, adopted, in-law)
- 11) Spouse (husband or wife)
- 12) Uncle (natural, step, adopted)

NOTE: Per Indiana Code [IC 12-11-1.1], supported living service arrangements providing residential services may not serve more than four (4) unrelated individuals in any one (1) setting. However, a program that was in existence on January 1, 2013, as a supervised group living program described within IC 12-11-1.1 and having more than four (4) individuals residing as part of that program, was allowed to convert to a supported living service arrangement and continue to provide services to up to the same number of individuals in the supported living setting.

**Service Delivery Method** (*check each that applies*):

- ☐ Participant-directed as specified in Appendix E
- ☒ Provider managed

**Specify whether the service may be provided by** (*check each that applies*):

- ☒ Legally Responsible Person
- ☒ Relative
- ☒ Legal Guardian

**Provider Qualifications** (*Applicable to provider types identified as FSSA/DDRS Approved RHS agencies and FSSA/DDRS Approved RHS – Individual provider types*)

- Enrolled as an active Medicaid provider
- Must be DDRS-approved
- Must comply with Indiana Administrative Code, 460 IAC 6, including but not limited to:
  - 460 IAC 6-12 Insurance,
  - 460 IAC 6-10-5 Criminal Histories,
  - 460 IAC 6-11 Provider Financial Status,
  - 460 IAC 6-14-5 Direct Care Staff Qualifications,
  - 460 IAC 6-14-4 Staff Training,

Must comply with any applicable BDDS service standards, guidelines, policies and/or manuals, including DDRS Waiver Manual and DDRS BDDS Policy Manual.

- Must obtain/maintain Indiana accreditation by at least one (1) of the following organizations:
  - (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
  - (2) The Council on Quality and Leadership in Supports for People with Disabilities, or its successor.
  - (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
  - (4) The National Commission on Quality Assurance, or its successor.
  - (5) An independent national accreditation organization approved by the secretary

Per House Enrolled Act 1360 (P.L.154-2012), Indiana Code [IC 12-11-1.1-1] is amended to state:

o Beginning July 1, 2012, the bureau shall ensure that an entity approved to provide residential habilitation and support services under home and community based services waivers is accredited by an approved national accrediting body. However, if an entity is accredited to provide home and community based services under subdivision (1) other than residential habilitation and support services, the bureau may extend the time that the entity has to comply with this subdivision until the earlier of the following:

(A) The completion of the entity's next scheduled accreditation survey.

(B) July 1, 2015.

o In accordance with the above citation from Indiana Code [IC 12-11-1.1-1], RHS providers must obtain/maintain accreditation (specific to Indiana programs) by at least one (1) of the following organizations:

- (1) The Commission on Accreditation of Rehabilitation Facilities (CARF), or its successor.
- (2) The Council on Quality and Leadership In Supports for People with Disabilities, or its successor.
- (3) The Joint Commission on Accreditation of Healthcare Organizations (JCAHO), or its successor.
- (4) The National Committee for Quality Assurance, or its successor.
- (5) The ISO-9001 human services QA system.
- (6) The Council on Accreditation, or its successor.
- (7) An independent national accreditation organization approved by the secretary.

#### **Verification of Provider Qualifications**

##### **Entity Responsible for Verification:**

Initially, BDDS. For re-approvals, BDDS and BQIS.

##### **Frequency of Verification:**

Up to 3 years.